

## Government inquiry finds inadequate beds provision

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The fall in the number of hospital beds in England over the past 40 years has left the NHS unable to cope with healthcare needs, and a "radically different approach" is needed to managing care, according to a consultation document from the Department of Health's national beds inquiry.

The number of beds per head of population for acute,

general, and maternity care has fallen by over 2% a year since 1980, despite a rise in acute and general admissions per head of around 3.5% a year.

The average level of bed occupancy has increased to a current rate of 83%, leaving little slack in the system to cope with peaks of demand. In recent winters, says the report, "the NHS

struggled to accommodate the demand for care."

The greatest pressure on beds has come from a continuous increase in emergency admissions of patients aged over 65. This age group occupies two thirds of acute and general beds and accounts for half of the rapid rise in emergency admissions in the past five years.

The document suggests that that many of these admissions are avoidable: "For older people around 20% of bed days were probably inappropriate if alternative facilities were in place."

Although the number of hospital beds is also falling in other industrialised countries, the NHS has fewer beds than the average for countries in the Organisation for Economic Co-operation and Development (OECD). In Canada and the Netherlands, which have community or outpatient facilities to deal with emergencies in elderly people, hospital admission rates have fallen.

The document gives three possible scenarios to improve future service provision. The first option is to "maintain current direction," with a slight rise in bed capacity in the acute sector but no transfer of services from hospital to community settings.

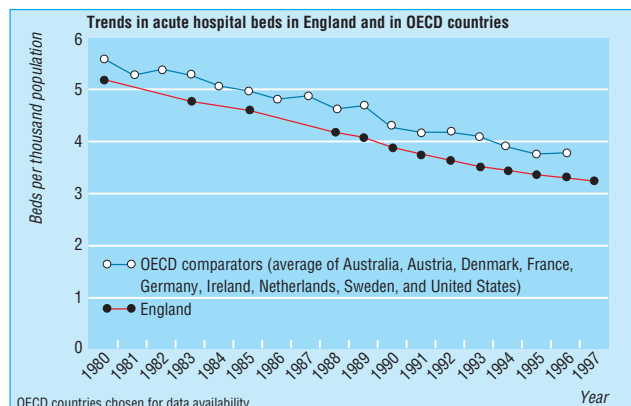
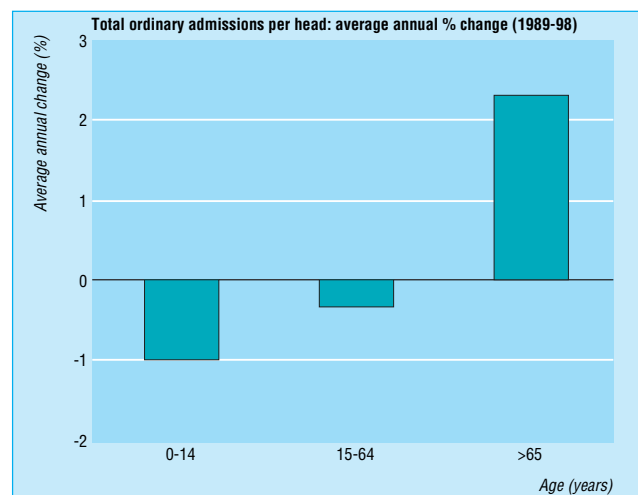
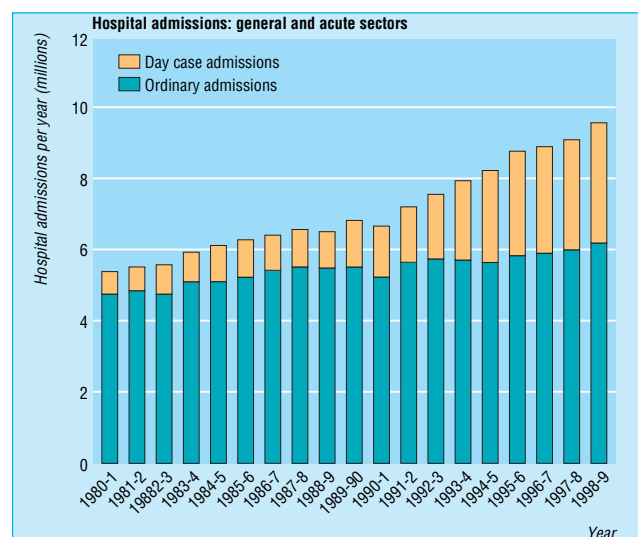
The second is an active policy to increase the number of hospital beds with a view to providing more responsive emergency and specialist care and avoiding premature discharge.

The final scenario is "care closer to home," in which community health and social services would be expanded substantially to prevent avoidable hospital admissions. The health secretary, Alan Milburn, recently signalled his preference for such an "intermediate care" approach (12 February, p 401).

The NHS Confederation, representing health authorities and trusts, welcomed the inquiry. Nigel Edwards, the confederation's policy director, said: "Providing a range of flexible options in the community offers one solution. But it is equally important to ensure that the hospital has the beds and intensive care resources to be able to respond in periods of high pressure."

The King's Fund, a healthcare charity, has called on the government to follow its inquiry with an audit of the winter beds crisis. (See p 461.) □

The consultation document and supporting analysis are available at [www.doh.gov.uk/nationalbeds.htm](http://www.doh.gov.uk/nationalbeds.htm).



Bed numbers are falling, despite the rapid rise in emergency admissions, particularly in the elderly. Acute beds have been cut in other industrialised countries, though England has fewer than the OECD average.